					SHORT FORM
Recipient Committee Campaign Statement – Short Form	Type or print in ink.		Date Stamp	100000000000000000000000000000000000000	FORNIA 450
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable:	2	Page _	01of02
For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.	fromJuly 01, 2014 throughDecember 31, 2014	(Month, Day, Year)	15. 15.		For Official Use Only
1. Type of Recipient Committee:		2. Type of Stateme	ent:		
Ballot Measure Committee O Primarily Formed Gener	al Purpose Committee onsored nall Contributor Committee	Pre-election State Semi-annual State Termination State	ment ment	Supplement	atement I-year Report al Pre-election Attach Form 495
Primarily Formed Candidate/Officeholder Committee		Amendment (Expl	ain)ement you are amending)		
3. Committee Information	I.D. NUMBER 1344683	Treasurer(s)			
COMMITTEE NAME		NAME OF TREASURER			
Burbank Teachers Assocation Fund for Children	n in Public Education	Jerome Mullady			
		MAILING ADDRESS 3021 W Burbank Blvd			
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE	AREA CODE/PHONE
3021 W Burbank Blvd		Burbank	CA	91505	(818) 240-9180
CITY STATE ZIP CC		NAME OF ASSISTANT TREASL	JRER, IF ANY		
Burbank CA 9150	05 (818) 240-9180				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS (818) 846-1341		OPTIONAL: FAX / E-MAIL ADD	PRESS		
Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of	reviewing this statement and to the California that the for	best of my knowledge the informand correct.	mation contained herei	n is true and	complete. I certify
Executed on	Ву		SSISTANT TREASURER		
Executed on	By	O OFFICEHOLDER, CANDIDATE, STATE MEA	SURE PROPONENT, OR RESPO	NSIBLE OFFICER	OF SPONSOR

Executed on ___

Executed on __

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement

Type or print in ink. Amounts may be rounded to whole dollars.

SHORT FORM Statement covers period CALIFORNIA July 01 2014

Campaign Statement	to whole dollars.	fromJuly 01, 2014	FORM TO	
Summary Page		through December 31, 2014	Page 02	of02
NAME OF COMMITTEE			I.D. NUMBER	
Burbank Teachers Assocation Fund for Children in Public Edu	1344683			
Expenditures Made				0.00
1. Expenditures of \$100 or more made this period			\$	50.00
2. Expenditures under \$100 made this period (Not itemized.)			:	0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD			\$	50.00
Nonmonetary Adjustment		From Line 8 Below		0.00
5. Total expenditures made from previous statement(If this is the first statement for the calendar year, enter zero.))	Previous Summary Page, Line 6	\$	
6. TOTAL EXPENDITURES MADE TO DATE		Add Lines 3 + 4 + 5	\$	50.00
Contributions Received				1,698.50
7. Monetary contributions received this period			\$	0.00
8. Non-monetary contributions received this period				2,189.00
9. Total contributions received from previous statement)	Previous Summary Page, Line 10	\$	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE		Add Lines 7 + 8 + 9	\$	3,887.50
Current Cash Statement				
Current Cash Statement 11. Beginning cash balance		Previous Summary Page, Line 15		10,966.67
Current Cash Statement		Previous Summary Page, Line 15		10,966.67 3,887.50
Current Cash Statement 11. Beginning cash balance		Previous Summary Page, Line 15		10,966.67 3,887.50 0.00
Current Cash Statement 11. Beginning cash balance 12. Cash receipts this period		Previous Summary Page, Line 15		10,966.67 3,887.50